LCPRCS, Childrens Programs and Adaptive Recreation Division
HEALTH & SKILLS FORM

PARTICIPANT NAME		DOB	AGE
Height	Weight	Circle one: Male / Female	

Primary Guardian:

Primary Phone: **Secondary Phone:**

SECTION 1: HEALTH & MEDICAL

Physician Name: **Phone:**

Insurance Company: **ID/Group #:**

Primary disability, as diagnosed by physician:

- ☐ ADD or AD/HD
- ☐ Asperger's
- ☐ Autism
- ☐ Brain Injury
- ☐ Developmental Disability
- ☐ Down's Syndrome
- ☐ Emotional / Behavioral Disorders
- ☐ Mental Health
- ☐ Stroke
- ☐ Spina Bifida
- ☐ Spinal Cord Injury
- ☐ Cerebral Palsy
- ☐ OTHER:

Secondary disability, as diagnosed by physician:

Allergies: check any allergies below & provide specific allergy in space provided ☐ N/A

- ☐ Food:
- ☐ Medication:
- ☐ Environmental: (i.e., seasonal, dust, etc.)
- ☐ Latex
- ☐ Other:

Instructions if allergic reaction occurs:

Medical illnesses and/or conditions: ☐ N/A

- ☐ Anxiety
- ☐ Cancer
- ☐ Pain
- ☐ Constipation
- ☐ Headaches
- ☐ OTHER:
- ☐ Depression
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Overactive Bowl

SEIZURE History: ☐ N/A

Do you have a history of seizures? ☐ YES ☐ NO

If YES, what type?

Average length of seizure: _____

Length of recovery time: _____

Manner of recovery:

Medication: list all current medications, including "as needed" medications; include all potential side-effects

MEDICATION	POTENTIAL SIDE-EFFECT
1	1
2	2
3	3
4	4
5	5
6	6

SUPERVISION LEVEL KEY:

NS	No Supervision needed	**VS**	Visual Supervision needed
FS	Full Supervision required to maintain safety	**VR**	Verbal Reminders needed

Medication Management: *please mark participant's skill level with self-medication*

☐ **NS** ☐ **VS** ☐ **VR** ☐ **FS**

Participant is able to give consent for medical treatment in event of emergency: ☐ **YES** ☐ **NO**

Participant is able to accurately recognize symptoms of illness: ☐ **YES** ☐ **NO**

SECTION 2: NUTRITION & DIET

Prescribed / Modified Diet: *please attach special instructions* ☐ **N/A**

☐ **Diabetic** ☐ **Salt/Sodium free** ☐ **Caffiene Free**

☐ **Pureed** ☐ **Reduced Sodium** ☐ **Reduced Fat**

☐ **Tube Feed** ☐ **Small bites** ☐ **OTHER**

☐ **Foods to avoid; list if any:**

Nutrition Management:

Choosing and ordering meals:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Cutting food:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Can feed self:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Eats at a reasonable pace:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Chews food completely:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Can follow prescribed diet:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Knows the foods to avoid:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Can inform others of allergies:	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**

SECTION 3: PERSONAL CARE

Uses a child's diaper	☐ **YES**	☐ **NO**		
Uses a modified adult undergarment	☐ **YES**	☐ **NO**		
Manipulate clothing	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Initates use of toilet	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Manipulate & use of toilet tissue	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to sit on toilet	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Transfer on / off toilet	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Females: care of menstrual needs	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Weight-shift management	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**

SECTION 4: BEHAVIORAL SUPPORT ☐ **N/A**

Behavioral triggers can be: *please provide explainations of triggers & how to address behavior in "Behavior Plan" section*

☐ **Loud Noises** ☐ **Large/open space** ☐ **Internal Temperature** (hot/cold)

☐ **Weather** ☐ **Odors/Smells** ☐ **OTHER:**

☐ **Crowded Places** ☐ **Flashing/Bright Lights**

Currently utilizes a behavior support plan ☐ **YES** ☐ **NO** If YES, please attach the plan.

BEHAVIORAL PLAN:

SUPERVISION LEVEL KEY:

NS	No Supervision needed	**VS**	Visual Supervision needed
FS	Full Supervision required to maintain safety	**VR**	Verbal Reminders needed

SECTION 5: COMMUNICATION

Able to state full name	☐ **YES**	☐ **NO**
Responds to name consistently	☐ **YES**	☐ **NO**
Speaks and is clearly understood	☐ **YES**	☐ **NO**
Communicates needs and wants	☐ **YES**	☐ **NO**
Speaks with appropriate volume	☐ **YES**	☐ **NO**
Uses sign language	☐ **YES**	☐ **NO**
Able to read	☐ **YES**	☐ **NO**
Able to write	☐ **YES**	☐ **NO**
Able to follow one-step directions	☐ **YES**	☐ **NO**
Able to follow two-step directions	☐ **YES**	☐ **NO**
Able to follow three or more step directions	☐ **YES**	☐ **NO**
Oriented to time	☐ **YES**	☐ **NO**

SECTION 6: MONEY MANAGEMENT

Able to identify coins	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to identify bills	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to identify cost of items	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to manage spending money	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**

SECTION 7: MOBILITY

Pedestrian safety awareness	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Looks before crossing street	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Propels wheelchair	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Vehicle transfers	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Use of public transportation	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Maneuvering among crowds	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Average speed with mobility	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Identifies appropraite restroom	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Uses stairs	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**

SECTION 8: SAFETY

Recognizes general safety	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
(Examples: electrical, chemicals, sharp items, hot objects, etc.)				
Adapts to crowded/noisy areas	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
May wander from group	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to seek assistance if lost	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to verbalize home address	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to verbalize home phone	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Able to get medical attention	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Carries emergency card	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
(Complete with diagnosis, health/medical information, and emergency contacts)				
Carries state issued identification	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Manages own belongings	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
(Examples: bag, clothing, wallet, etc.)				
Appropriate social interactions	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
(If answer is other than NS, please describe & give specific information)				
Supervision in community setting	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Swimming:				
Able to swim	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Needs life jacket	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Uses adaptive quipment	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**
Wears ear plugs	☐ **NS**	☐ **VS**	☐ **VR**	☐ **FS**

SECTION 9: ADAPTIVE EQUIPMENT ☐ N/A

Utilizes the following equipment: *please mark all equipement participant will bring and use during programs*

- ☐ **Wheelchair**
- ☐ **Cane/Crutches**
- ☐ **Communication board/equipment**
- ☐ **AFO's / splints**
- ☐ **Eating utensils**
- ☐ **Picture Cue cards**
- ☐ **OTHER:**

Requires the following assistance & equipment during activities:

Please describe any adaptive euiquipment or modifications that may be helpful during programs and activities.

SECTION 10: RECREATION / LEISURE INTERESTS

Please circle your interests below.

Outdoor Recreation	Sports	Creative Arts	Leisure / Community
Bicycling	Basketball	Clowning	Traveling
Camping	Bocce Ball	Dancing	Community Special Events
Canoeing / Rafting / Kayaking	Bowling	Drama	Movie Theater
Fishing	Golf / Miniature Golf	Hobby Crafts	Performing Arts Events
Hiking / Nature Walks	Shooting Pool	Music	Restaurant Outings
Horseback Riding	Softball / Baseball	Painting / Drawing	Social Events
Rock Climbing	Volleyball	Photography	Sporting Events
Swimming	Yoga / Aerobics	Puppetry	
Other:	Other:	Other:	Other:

ADDITIONAL INFORMATION

Please use this space to provide any additional information you wish us to know about you (the participant).

By signing below, I confirm that all information provided on this form is to my knowledge accurate and current.

Signature of Participant (if guardian of self) **OR Parent/Guardian** **Date**

For Office Use ONLY:

Participant Level LEVEL 1 LEVEL 2 LEVEL 3	Staff Signature	Date Reviewed: